FORM D

SEC Mail Processing Section

JUL 162008

Woohington, DC

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D 14/0/66

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D. SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

OMB APPROVAL						
OMB Number:	3235-0076					
	1.04.0000					

Expires: July 31, 2008

Estimated average burden hours per response: 16.00

SEC USE ONLY				
Prefix	Serial			
1				
DAT	E RECEIVED			

Name of Offering (check if this is an amendment and name has changed, and indicate change.)							
Vontobel: Non-US Equity Offshore L.P.: Limit		7 (2.4%) (7)					
Filing Under (Check box(es) that apply): \square R	ule 504 🔲 Rule 505 🗹 Rule 506 🗓	☐ Section 4(6) ☐ ULOE					
Type of Filing: New Filing Amendm	ent						
	A. BASIC IDENTIFICATION DATA						
1. Enter the information requested about the issue	er	:					
Name of Issuer (☐ check if this is an amendment	ent and name has changed, and indicate change.)						
Vontobel: Non-US Equity Offshore L.P.		08056344					
Address of Executive Offices (Nu	mber and Street, City, State, Zip Code)	Teleph.					
c/o GSAM (GMS Cayman GP) Ltd., One N	ew York Plaza, New York, New York 10004	(212) 902-1000					
Address of Principal Business Operations (1	Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)					
(if different from Executive Offices) PROCESSED							
D'OD ' ' OD '		22ED					
Brief Description of Business	N. D. D.						
To operate as a private investment fund.	JUL 2/2	2008					
Type of Business Organization	INOSMOUT	REUTERS (please specify):					
□ corporation	☐ limited partnership, already formed	other (please specify):					
☐ business trust	☐ limited partnership, to be formed	Exempted Limited Partnership					
	Month Year						
Actual or Estimated Date of Incorporation or Org	anization: 0 5 0 7	☑ Actual ☐ Estimated					
Jurisdiction of Incorporation or Organization:	(Enter two-letter U.S. Postal Service abbreviat	ion for					
•	State: CN for Canada; FN for other foreign jur	isdiction) F N					

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Potential persons who are to respond to the collections of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

. A. BASIC IDENTIF	ICATION DATA	
2. Enter the information requested for the following:		
* Each promoter of the issuer, if the issuer has been organized within	in the past five years;	
Each beneficial owner having the power to vote or dispose, or directions.	•	of a class of equity securities
of the issuer;		
* Each executive officer and director of corporate issuers and of cor	porate general and managing partners of partners	rtnership issuers; and
Each general and managing partner of partnership issuers.		
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner	☐ Executive Officer ☐ Director	☑ General and/or Managing Partner
Full Name (Last name first, if individual)		
GSAM (GMS Cayman GP) Ltd. (the Issuer's General Partner)		
Business or Residence Address (Number and Street, City, State, Zip Code		
Walkers SPV Limited, Walker House, P.O. Box 908GT, Mary Street, G		
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner	☑ Executive Officer* ☐ Director *of the Issuer's General Partner	☐ General and/or Managing Partner
Full Name (Last name first, if individual)		
Asali, Omar M.		
Business or Residence Address (Number and Street, City, State, Zip Code	•	
c/o GSAM (GMS Cayman GP) Ltd., One New York Plaza, New York, N		
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner	☑ Executive Officer* ☐ Director *of the Issuer's General Partner	General and/or Managing Partner
Full Name (Last name first, if individual)		
Barbetta, Jennifer		
Business or Residence Address (Number and Street, City, State, Zip Code	•	
c/o GSAM (GMS Cayman GP) Ltd., One New York Plaza, New York, N	New York 10004	
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner	✓ Executive Officer* ☐ Director *of the Issuer's General Partner	General and/or Managing Partner
Full Name (Last name first, if individual)		
Gottlieb, Jason	·	
Business or Residence Address (Number and Street, City, State, Zip Code		
c/o GSAM (GMS Cayman GP) Ltd., One New York Plaza, New York, N		
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner	☑ Executive Officer* ☐ Director *of the Issuer's General Partner	☐ General and/or Managing Partner
Full Name (Last name first, if individual)		
Ort, Peter		
Business or Residence Address (Number and Street, City, State, Zip Code	e)	•
c/o GSAM (GMS Cayman GP) Ltd., One New York Plaza, New York, N	New York 10004	
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner	☑ Executive Officer* ☐ Director *of the Issuer's General Partner	☐ General and/or Managing Partner
Full Name (Last name first, if individual)		
Ross, Hugh M.		
Business or Residence Address (Number and Street, City, State, Zip Code	e)	
c/o GSAM (GMS Cayman GP) Ltd., One New York Plaza, New York, N	New York 10004	
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner	☐ Executive Officer ☐ Director	General and/or Managing Partner
Full Name (Last name first, if individual)		
Business or Residence Address (Number and Street, City, State, Zip Code	e)	

	<u> </u>			B. IN	FORMAT	TON ABO	UT OFF	ERING				
											Yes	
1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?								***************************************		Ø		
							_					
2. What is the minimum investment that will be accepted from any individual?*General Partner, may accept subscriptions below the minimum, provided no subscriptions shall be less than U.S. \$50,000 (or an amount specified by Cayman Islands Law).									\$	100,000*		
											Yes	
3. Does	the offering	permit joint	t ownership	of a single	unit?	***************************************		******************		***************************************	☑	
4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.												
Full Nam	e (Last name	e first, if ind	lividual)									
Goldman	n, Sachs & C	Co.*										
-	the securi		sold throu	gh Goldma	n, Sachs &	Co., no co	nmissions	will be paic	l, directly o	r indirectly	y, for so	iciting any
Business	or Residence	Address (1	Number and	Street, Cit	y, State, Zip	Code)		<u></u> -				
85 Broad	l Street, Nev	v York, Ne	w York 100	04								
Name of	Associated E	Broker or De	ealer									
	Which Perso "All States" o										Z	All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[iD]
[IL]	[IN]	[lA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS	
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR	
[RI]	[SC] e (Last name	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY] [PR]
r un rvan	e (East Hame	, 11131, 11 111 u	ividual)									
Business	or Residence	Address (N	Number and	Street, City	y, State, Zip	Code)				······		
Name of	Associated E	roker or De	ealer					<u> </u>				
	Which Perso									.		
	"All States" o			,								
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	
[IL] [MT]	[IN] [NE]	[iA] [NV]	[KS] [NH]	[KY] [NJ]	[LA] [NM]	[ME] [NY]	[MD] [NC]	[MA] [ND]	[MI] [OH]	[MN] [OK]	[MS] [OR]	
[RI]	[SC]	[SD]	[TN]	[TX]	(UT)	[VT]	[VA]	[WA]	[WV]	[WI]	[WY	
	e (Last name			[]	()	F 1	L · · · -J	F A.				[, -,]
Business	or Residence	Address (N	Number and	Street, City	, State, Zip	Code)						
Name of	Associated B	roker or De	ealer									
	Which Perso 'All States" o										.,	☐ All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	
[IL]	[N]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	(MI)	[MN]	[MS]	
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[он]	[OK]	[OR]	
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY	[PR]

[TN] [TX] [UT] [VT] [VA] [WA] [WV] (Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.				
	Type of Security		Aggregate Offering Price		Amount Already Sold
	Debt	s	0	\$	0
	Equity(Shares)	_	0	\$	
	☐ Common ☐ Preferred	Ť –		•	<u> </u>
	Convertible Securities (including warrants)	\$	0	\$	0
	Partnership Interests	_		\$	60,746,000
	Other (Specify:)	_	0	-	0
	Total			\$	
	Answer also in Appendix, Column 3, if filing under ULOE.	-		-	,
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."				A
			Number Investors		Aggregate Dollar Amount of Purchases
	Accredited Investors	_	30	\$_	60,746,000
	Non-accredited Investors		0	\$_	0
	Total (for filings under Rule 504 only)	_	N/A	\$_	N/A
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1.				
	Type of offering		Type of Security		Dollar Amount Sold
	Rule 505		N/A	\$	N/A
	Regulation A	_	N/A	\$ - \$	N/A
	Rule 504	_	N/A	\$	N/A
	Total	_	N/A	\$	N/A
tł tł	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of the expenditure is not known, furnish an estimate and check the box to the left of the estimate.			_	
	Transfer Agent's Fees			\$_	0
	Printing and Engraving Costs			\$_	0
	Legal Fees		lacksquare	\$_	14,682
	Accounting Fees			\$_	0
	Engineering Fees			\$_	0
	Sales Commissions (specify finders' fees separately)			\$_	0
	Other Expenses (identify)			\$_	0
	Total		\mathbf{Z}	\$_	14,682

* C. OFFERING PRICE,	NUMBER OF INVESTORS, EXP	ENS	ES A	AND USE OF PI	ROCE	<u>EDS</u>	
b. Enter the difference between the aggregate offering price given in response to Part C - Question 1 and total expenses furnished in response to Part C - Question 4.a. This difference is the "adjusted gross proceeds to the issuer."							60,731,318
 Indicate below the amount of the adjusted to be used for each of the purposes shown furnish an estimate and check the box t payments listed must equal the adjusted gr to Part C - Question 4.b. above. 	n. If the amount for any purpose is not ke to the left of the estimate. The total	known of th	n, ne				
				Payments to Officers, Directors, & Affiliates			Payments To Others
Salaries and Fees			\$ _	0	_ 🗆	\$ _	0
Purchase of real estate			\$ _	0	_ 🗆	\$_	0
Purchase, rental or leasing and installation	of machinery and equipment		\$_	0	_ 🗆	\$_	0
Construction or leasing of plant buildings	and facilities		\$_	0		\$_	0
Acquisition of other businesses (including this offering that may be used in excha another issuer pursuant to a merger)	inge for the assets or securities of	0	\$	0		\$_	0
Repayment of indebtedness			\$	0	_	\$	0
Working capital			\$ \$			\$	0
Other (specify): Investment Capital			s –		- <u>-</u>	\$	60,731,318
Column Totals			s –		-	\$	60,731,318
Total Payments Listed (column totals adde	•		☑ \$	60,7	 '31,31		
	D. FEDERAL SIGNATUR	RE					
The issuer has duly caused this notice to be following signature constitutes an undertakin of its staff, the information furnished by the is	g by the issuer to furnish to the U.S. Se	ecuriti	ies an	nd Exchange Comm	nission,	upon	
ssuer (Print or Type) Vontobel: Non-US Equity Offshore L.P.	Signature Amid 1 his	<u></u>		-Date July 4 2008			
Name of Signer (Print or Type)	Title of Signer (Print or Type)						
David Kraut	Assistant Secretary of the Issuer's G	Gener	al Pa	rtner			

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001).

